
American Journal of Bioethics

Reviewer: DeGrazia

Title: "Would We Rather Lose Out Life Than Lose Our Self? Lessons From the Dutch Debate on Euthanasia for Patients with Dementia"

First Author: Hertogh, CPM et al.

Citation: American Journal of Bioethics 2007; 7: 48-56

Summary: The authors address the Dutch debate on (active) euthanasia and assisted suicide for patients with dementia. They probe the conceptual and ethical dilemmas concerning the authority of advance directives in dementia cases--drawing from the large literature on this topic--before confronting shortcomings in the Dutch legal approach to these issues. After examining the few known cases of requests for euth./ass'd suicide among those with early-onset Alzheimer's, and raising questions about the infrequency of such requests by those in the early stages of late-onset Alz., the authors raise hard questions about current practices and call for research into the perspective of demented patients. (An informative and thought-provoking discussion).

American Journal of Public Health

Reviewer: tilburt

Title: Giving Everyone the Health of the Educated: An Examination of Whether Social Change Would Save More Lives Than Medical Advances

First Author: Woolf, SH

Citation: American Journal of Public Health 2007; 97: 679-683

Summary: This paper estimates the comparative mortality impact of medical advances to differences in social determinants of health using vital statistics from 1996-2002. Medical advances averted a maximum of 178193 deaths during the study period. Correcting disparities in education-associated mortality rates would have saved 1369335 lives during the same period, a ratio of 8:1. The authors conclude: Higher mortality rates among individuals with inadequate education reflect a complex causal pathway and the influence of confounding variables. Formidable efforts at social change would be necessary to eliminate disparities, but the changes would save more lives than would society's current heavy investment in medical advances. Spending large sums of money on such advances at the expense of social change may be jeopardizing public health

Reviewer: tilburt

Title: Patient Confidentiality in the Research Use of Clinical Medical Databases

First Author: Krishna, R

Citation: American Journal of Public Health 2007; 97: 654-658

Summary: This review article outlines the challenges of maintaining confidentiality in biomedical research from large databases. They give examples of cases in which deidentified data from several sources have allow people to reconfigure identities of individuals. They also outline an algorithm for optimizing confidentiality while allowing research to proceed.

Reviewer: tilburt

Title: Relation Between Neighborhood Median Housing Value and Hypertension Risk Among Black Women in the United States

First Author: Cozier, YC

Citation: American Journal of Public Health 2007; 97: 718-724

Summary: Incidence of hypertension is inversely associated with median housing value. Surprise! Social determinants of health matter.

Reviewer: tilburt

Title: Ethics in Public Health Research: Masters of Marketing: Bringing Private Sector Skills to Public Health Partnerships

First Author: Curtis, VA

Citation: American Journal of Public Health 2007; 97: 634-641

Summary: This perspective piece describes a social marketing campaign in Ghana to improve handwashing. While ethics is in the title, little of the text is devoted to any substantive ethical debates related to social marketing approaches to public health research. Nevertheless, the paper indirectly discusses exploitation by discussing a 3-way mutual advantage in the dynamic interplay between NGOs, the public and manufacturers.

Annals of Internal Medicine

Reviewer: Varma

Title: Meta-analysis: Chondroitin for Osteoarthritis of the Knee or Hip

First Author: Reichenbach, Stephen

Citation: Annals of Internal Medicine 2007; 146: 580-590

Summary: This paper reports a meta-analysis of 20 randomized or quasi-randomized controlled trials of chondroitin for osteoarthritis of the knee or hip. The authors found a high level of heterogeneity among trials, and larger effects favoring chondroitin in small trials, trials where concealment of randomization was unclear, and trials not analyzed by intent-to-treat methods. Restricting analysis to the 3 trials with large sample sizes and intention-to-treat analysis resulted in a statistically insignificant effect size. The authors conclude that evidence for benefit of chondroitin in osteoarthritis is weak to nonexistent and its use should not be encouraged.

Reviewer: Varma

Title: Linking Cost Sharing to Value: An Unrivalled Yet Unrealized Public Health Opportunity

First Author: Braithwaite, RS

Citation: Annals of Internal Medicine 2007; 146: 602-605

Summary: This article presents an argument that copayments and deductibles for health care services and medications should be linked to the value of those services as determined by cost-effectiveness analysis. The authors review the moral hazard argument in favor of cost-sharing, and then discuss empirical data that show current cost-sharing mechanisms reduce use of both high-value and low-value interventions, potentially leading to worse health outcomes. They then argue that cost sharing should be tiered by cost-effectiveness, with copayments and deductibles waived for "high value" interventions, unchanged for "low value" or ambiguously valuable interventions, and increased for "very-low-value" interventions.

Archives of Internal Medicine

Reviewer: Lev

Title: Physicians' Observations and Interpretations of the Influence of Religion and Spirituality on Health

First Author: Farr A. Curlin

Citation: Archives of Internal Medicine 2007; 167: 649-654

Summary: This paper presents results on a survey given to physicians that examined their views on the connection between religion and spirituality and healthcare outcomes. From the results it appears that most physicians thought that religion and spirituality had positive indirect influence on medical care outcomes. They thought that religion and spirituality provide a framework under which patients cope better with medical treatments and their attitudes are more positive. Very few physicians thought that religion and spirituality had direct impact on health outcomes. Other results suggest that religious physicians are more likely to think that religion has positive effects for their patients.

Reviewer: Lev

Title: Physician Consideration of Patients' Out-of-Pocket Costs in Making Common Clinical Decisions

First Author: Hoangmai H. Pham

Citation: Archives of Internal Medicine 2007; 167: 663-668

Summary: This paper reports results on research that examined the way physicians make medical decisions when patients' out-of-pocket expenses are taken into consideration. The results suggest that out-of-pocket expenses do affect physicians' decisions yet not to the extent that it undermines appropriate medical standards. The research compared three areas: drug prescription, care settings and diagnostic tests. They also compared decisions made by physicians who volunteer in charity work and those who are not, the former were found to be more sensitive the out-of-pocket expenses.

Reviewer: Lev

Title: Smoking Status as a Clinical Indicator for Alcohol Misuse in US Adults

First Author: Sherry A. McKee

Citation: Archives of Internal Medicine 2007; 167: 716-721

Summary: This paper reports on research that examined the association between smoking and alcohol misuse. The research suggests that daily, occasional and ex-smokers are more likely to misuse alcohol. The authors do not suggest that this association is strong but it could be a useful indicator. They suggest that utilizing this indicator might help in intervening in alcohol misuse in earlier stages.

Bioethics

Reviewer: Alex Friedman

Title: WHY EBERL IS WRONG. REFLECTIONS ON THE BEGINNING OF PERSONHOOD.

First Author: Deckers, J.

Citation: Bioethics 2007; 21: 270-282

Summary: A critique of J. Eberl's "The Beginning of Personhood: A Thomistic Biological Analysis." Eberl argues that early embryos are not persons. As the title of the reply successfully indicates, Deckers disagrees. Since the entire debate takes place within an Aristotelian-Thomistic framework, many of the points of contention and arguments seem a tad obscure to someone not extremely well versed in that tradition (read: "I am excusing myself from summarizing the arguments by pleading blissful ignorance"). Deckers concludes that within the Thomistic tradition an embryo is a person from the point of conception.

Reviewer: Alex Friedman

Title: A THOMISTIC PERSPECTIVE ON THE BEGINNING OF PERSONHOOD: REDUX

First Author: Eberl, Jason T.

Citation: Bioethics 2007; 21: 283-289

Summary: A reply to Deckers' critique. In a virtually unprecedented move in the field of philosophy, Eberl agrees with Deckers, and concedes that his arguments fail to establish a Thomistic reason to claim that early embryos are not persons. Eberl then proceeds to disagree with Deckers on several truly obscure (mostly theological) points, which I will promptly fail to summarize.

Reviewer: Alex Friedman

Title: ACCULTURATION AND END-OF-LIFE DECISION MAKING: COMPARISON OF JAPANESE AND JAPANESE-AMERICAN FOCUS GROUPS

First Author: Bito, Seiji

Citation: Bioethics 2007; 21: 251-262

Summary: Examines the attitudes of three groups towards end-of-life care and end-of-life decision making - Japanese living in Japan, Japanese-speaking Japanese-Americans, and English-speaking Japanese-Americans. All three groups shared similar concerns about becoming a burden, and expressed a desire to die before becoming "end stage or physically frail". All three groups also shared a preference for family-oriented decisionmaking. There was, however, disagreement between Japanese-Americans and Japanese residing in Japan regarding whether written advanced directives are useful or intrusive.

British Medical Journal

Reviewer: DeGrazia

Title: "The Concept of Brain Death Did Not Evolve to Benefit Organ Transplants."

First Author: Machado, C. et al.

Citation: British Medical Journal 2007; 33: 197-200

Summary: NB: This is really from JMedEthics, not BMJ.

Countering the widespread perception that the concept of brain death emerged in order to improve organ transplantation, the authors carefully trace the history of both. Transplantation was propelled by advances in surgical techniques and immunosuppressive treatment. The brain death concept, on the other hand, owes its origin to improvements in intensive care. In the 1960s, the authors argue, the BD concept and organ transplants became connected when the first kidney transplant using a BD donor occurred. The 1968 Harvard report further connected transplants and BD in the public mind. In sum, the historical evidence suggests that the BD concept and organ transplantation arose separately and advanced in parallel until their union in the 1960s. (As far as I can tell, this is a compelling historical analysis.)

Reviewer: DeGrazia

Title: "Should the US and Russia Destroy Their Stocks of Smallpox Virus?"

First Author: Hammand, E. and Agwunobi, JO

Citation: British Medical Journal 2007; 334: 774-775

Summary: Background: Smallpox was eradicated in 1980, but the virus still exists in WHO-controlled depositories. In separate statements, the two authors debate the issue identified in the article title. Hammond argues in favor of destroying the remaining stockpiles. Only this step, he argues, will sufficiently reduce the possibility that smallpox will kill people again. The risks of continued research on smallpox, he adds, are too great to justify possible benefits. Hammand counters the argument that smallpox in the hands of terrorists or rogue states justifies continued research by asserting that maintaining smallpox stocks wouldn't be necessary to respond to an outbreak, which would immediately supply the virus; also there is no significant evidence to support claims of illicit stocks. Agwunobi argues, to the contrary, that clandestine stocks almost certainly exist and that therefore "continued studies are essential to verify that newer, safer vaccines can neutralise live Variola virus." (A vigorous, evenly-matched debate that has me scratching my head.)

Reviewer: Arnon

Title: Human papillomavirus vaccine
Human papillomavirus vaccine: Life saving treatment or giant experiment?

First Author: Coombes, R.

Citation: British Medical Journal 2007; 334: 721-723

Summary: A report on the debate over US state-run immunization programs against human papillomavirus, a major cause of cervical cancer and genital warts. Such mandatory programs are under considerations in 20 states. Concerns about such programs have been raised by critics claiming that such programs impinge on parental authority, or may encourage sexual promiscuity; other concerns focus on the manufacturer's marketing and lobbying efforts.

Hastings Center Report

Reviewer: Heyd, David

Title: Health Care and Equality of Opportunity

First Author: Sreenivasan, Gopal

Citation: Hastings Center Report 2007; 37: 21-31

Summary: Although personally committed to the idea of equality of access to health care, the author boldly contends that this idea cannot be grounded in the principle of equality of opportunity (as it is often thought to be). The argument is that not every loss of health creates a right to health care, but only such loss that would reduce the subject to a position in which she has LESS than her FAIR share of opportunity (which is relative to the opportunity others in society enjoy). The author also suggests that contrary to common wisdom, health care is not the only socially controllable factor in the health condition of individuals. This claim is based on studies demonstrating the significance of socio-economic class in people's health. The author hypothesizes that it might realistically be the case that treating social inequalities (like education and income) could better enhance the equality of health opportunities than health care. An interesting and challenging article!

Reviewer: Denny

Title: Persons, Identities, and Medical Ethics

First Author: Durante, Chris

Citation: Hastings Center Report 2007; 37: 47-47

Summary: A review of David DeGrazia's new book "Human Identity and Bioethics". Describes DeGrazia's attempt to explore how concepts of human identity might impact current debates in bioethics by attempting to synthesize both biological and narrative theories of identity.

Reviewer: Denny

Title: Clinical Ethics Consulting and Conflicts of Interest

First Author: Meyers, Christopher

Citation: Hastings Center Report 2007; 37: 32-40

Summary: The author points out that the very nature of the paid ethics consultant's job means that he or she will be subject to incentives to act in a certain manner and cannot be said to be completely independent from all biasing influences. Ideally, ethics consultants must be genuinely independent to fulfill their roles as advocates for "the right thing to do". This ideal situation is impracticable, however, though the author suggests it can be minimized by making ethics consultants less dependent on their consulting income ("keep your day job") and by drawing consultants' attention to these inherent conflicts of interest.

Reviewer: Heyd, David

Title: The Ashley Treatment: Best Interests, Convenience, and Parental Decision-Making

First Author: Liao, S. M., Savulescu, J. and Sheehan M.

Citation: Hastings Center Report 2007; 37: 16-20

Summary: Is the treatment of Ashley, a nine-year old girl suffering from an irreversible severe brain impairment, with treatment intended to keep her body small and to prevent her sexual development - justified? The parents argue that this is done for the benefit of the child. Those who oppose the treatment claim that it is rather undertaken for the convenience of the parents. The authors of the article note that it may be both in the interest of the child and that of the parents and that there would be nothing wrong in such a justification. Unlike other forms of body modification (like amputating the child's legs), the arrest of Ashley's further growth might be justified also in terms of the exorbitant costs for the family and for society. However, the authors are more skeptical about the permissibility of hysterectomy and the surgical removal of the girl's breast buds. These may violate her dignity.

Reviewer: Heyd, David

Title: Rescuing Universal Health Care

First Author: Daniels, Norman

Citation: Hastings Center Report 2007; 37: 3-3

Summary: This is a short critique of Sreenivasan's paper in this issue. It argues that even if it is true that promoting other health determinants (mainly social-economic status) is a more efficient way of raising the overall equality of opportunity in society than universal coverage in health care, universal coverage is still called for, at least up to a certain threshold, since people will always become ill and might still not be able to pay for the care they need.

Health Economics

Reviewer: Lie

Title: Institute of Medicine Report on the FDA: Where is the science

First Author: Philipson et al.

Citation: Health Economics 2007; 16: 219-221

Summary: A review of the recent IOM report on reforming the safety system, after withdrawal of Vioxx. The authors criticize the report for assuming, without evidence, that there is a safety crisis. The authors do, however, agree with many of the conclusions, to focus more on post-market studies for example.

Reviewer: Lie

Title: Do personal and societal preferences differ by socio-economic group?

First Author: Franks et al

Citation: Health Economics 2007; 16: 319-325

Summary: Review of data from various surveys, concluding that differences between socio-demographic groups are small.

Reviewer: Lie

Title: Discounting in economic evaluations: stepping forward towards optimal decision rules

First Author: Gravelle, H et al

Citation: Health Economics 2007; 16: 307-317

Summary: There is a controversy in the health economics literature whether one such discount measures of health benefit such as qalys and if so, what the appropriate discount rate should be. NICE now has changed its policy to discount health benefit at the same rate as costs (usually in the range of 3-5% per year). The authors argues that this is a mistake because of the empirical finding that the social value of health tends to increase over time. Cost and health should therefore not be discounted at the same rate.

Reviewer: Lev

Title: Health care quality, economic inequality, and precautionary saving

First Author: Tullio Jappelli

Citation: Health Economics 2007; 16: 327-346

Summary: This paper examines the connection between low-quality healthcare, economic inequality and individual behavior with regard to savings. This research was conducted on the Italian healthcare system using district-variability as a way to compare quality of care, economic inequalities and individual behavior. The authors suggest that where low-quality care is given the population tends to be poorer. This is partly a result of lower productivity that stems from missing work days. In light of that, the authors examined how individuals reacted to low-quality healthcare systems; they found that individuals increased their precautionary savings in order to be able to buy health services that would protect them from the failings of the healthcare system.

JAMA

Reviewer: Millum

Title: A Question of Faith

First Author: Ramesh Raghavan

Citation: JAMA 2007; 297: 1412-1412

Summary: Opinion piece about a woman who is 21 weeks pregnant with twins. Complications mean that one twin will not survive and the other has a small chance of surviving but with neurodevelopmental problems. The couple decide to induce labour and abort the twins. However, this counts as an elective abortion, which turns out to be against hospital policy. The author argues that while it may be acceptable for physicians to be guided by their religious beliefs in their professional lives, this should not extend to hospital policies.

Reviewer: Millum

Title: Review of What the Doctor Didn't Say: The Hidden Truth About Medical Research By Jerry Menikoff and Edward P. Richards

First Author: Laurence B. McCullough

Citation: JAMA 2007; 297: 1496-1497

Summary: The book contends that patients are being misled about the costs and benefits of participating in clinical trials. This review is scathing. McCullough claims that its tone is sensationalist, its claims lack evidence and it is clogged with conceptual confusions.

Reviewer: Varma

Title: The Pandemic and All-Hazards Preparedness Act

First Author: Hodge, James G

Citation: JAMA 2007; 297: 1707-1711

Summary: Commentary on the Pandemic and All-Hazards Preparedness Act, signed by President Bush in 2006, which intends to improve the direction and organization of pandemic and disaster preparedness. The authors discuss concerns with this act in the areas of federalism, evidence-based practice, privacy protection, ensuring health care personnel surge capacity, development of pharmaceuticals and vaccines, and allocation of scarce resources.

Reviewer: Varma

Title: A 60-Year-Old Woman Considering Acupuncture for Knee Pain

First Author: Berman B

Citation: JAMA 2007; 297: 1697-1707

Summary: A "Clinical Crossroads" article presenting the case of a woman with osteoarthritis who is considering acupuncture. Includes presentation of the case from the physician's point of view and the patient's point of view, and a discussion of treatments for osteoarthritis and evidence concerning the use of acupuncture in this condition.

Reviewer: Varma

Title: Dialysis Facility Ownership and Epoetin Dosing in Patients Receiving Hemodialysis

First Author: Thamer, Mae

Citation: JAMA 2007; 297: 1667-1674

Summary: Epotin therapy for end-stage renal disease-related anemia is the single largest Medicare drug expenditure. The number of for-profit, chain-affiliated dialysis centers has increased over the last decade or so. A study of use of epotin therapy in 1990, when Medicare used a capitated payment policy for this therapy, found that for-profit dialysis centers administered smaller doses than non-profit facilities. In 1991, Medicare switched to reimbursement based on the amount of drug administered. The present study examined Medicare claims for 159,522 patients receiving in-center hemodialysis at 3982 facilities in November and December 2004. The results indicate that patients at for-profit facilities received higher epotin doses than those at non-profit facilities, and chain facilities increased doses more rapidly than non-chain facilities. For-profit, chain-affiliated facilities also had higher target hematocrit levels and a greater percentage of patients with greater than recommended hematocrit levels. The study authors conclude that reimbursement policies and performance measures provide incentives to for-profit dialysis centers to target hematocrit levels higher than clinical guidelines recommend.

Journal of General Internal Medicine

Reviewer: tilburt

Title: Physician Compensation from Salary and Quality of Diabetes Care

First Author: Kim, Catherine

Citation: Journal of General Internal Medicine 2007; 22: 448-452

Summary: investigators examined the associations between physician-reported percent compensation from salary and processes of care using a survey methodology. Salary, as opposed to fee-for-service compensation, is not independently associated with diabetes processes and intermediate outcomes.

Reviewer: tilburt

Title: Risk of Cardiovascular Events and Death—Does Insurance Matter?

First Author: Fowler-Brown, Angela

Citation: Journal of General Internal Medicine 2007; 22: 502-507

Summary: To determine the relationship between insurance and cardiovascular outcomes and the relationship between insurance and selected process measures investigators analyzed data using Cox proportional hazard modeling from 15,792 participants in the Atherosclerosis Risk in Communities Study, a prospective cohort study. Participants were enrolled in 1987–1989 and returned for follow-up visits every 3 years, for a total of 4 visits. Lack of health insurance is associated with increased rates of stroke and death and with less awareness and control of cardiovascular risk conditions. Health insurance may improve cardiovascular risk factor awareness, control and outcomes.

Reviewer: tilburt

Title: Experiences with and Attitudes Toward Death and Dying Among Homeless Persons

First Author: Song, John

Citation: Journal of General Internal Medicine 2007; 22: 427-434

Summary: A qualitative study of homeless persons about death and dying. Personal themes included, early loss, experience with death, fears and uncertainties, coping strategies, personal life-threatening experiences, and approach to risk. Relational themes included relationships with strangers including healthcare providers.

Reviewer: tilburt

Title: Dying on the Streets: Homeless Persons' Concerns and Desires about End of Life Care

First Author: Song, John

Citation: Journal of General Internal Medicine 2007; 22: 435-441

Summary: Another qualitative study looking at homeless people's views of End of Life Care. Homeless persons worried about dying and EOL care; had frequent encounters with death; voiced many unique fears, such as dying anonymously and undiscovered; favored EOL documentation, such as advance directives; and demonstrated ambivalence towards contacting family. They also spoke of barriers to EOL care and shared interventions to improve dying among the very poor and estranged.

Journal of Health Politics, Policy and Law

Reviewer: Danis

Title: Secret weapon: The 'new' Medicare as a route to health security

First Author: Schlesinger M and Hacker JS

Citation: Journal of Health Politics, Policy and Law 2007; 32: 247-291

Summary: The authors argue that the partial privatization of Medicare will make it a possible vehicle for creating universal health insurance in the US. They propose four possible incremental approaches through which Medicare could serve the platform for incrementally expanding coverage for everyone.

Reviewer: Danis

Title: Through the looking glass: The politics of the Medicare Prescription Drug, Improvement, and Modernization Act

First Author: Oberlander J

Citation: Journal of Health Politics, Policy and Law 2007; 32: 187-219

Summary: In this very insightful historical analysis of the original (1965) and recent Medicare legislation (2003) - the Medicare Prescription Drug, Improvement, and Modernization Act - Oberlander describes features that are similar and some that are different in the two sets of legislation. Perhaps the most striking ramification of the new legislation is the privatization of Medicare through the creation of Medicare Part D.

Journal of Law, Medicine and Ethics

Reviewer: Arnon

Title: What is Wrong with "Ethics for Sale"? An Analysis of the Many Issues that Complicate the Debate about Conflicts of Interests in Bioethics

First Author: Sontag DN

Citation: Journal of Law, Medicine and Ethics 2007; 35: 175-186

Summary: In increasing numbers, bioethicists are hired by biomedical companies as consultants. Responding to critics of this trend, points out that it may sometimes be in society's interests to have bioethicists who are compensated to provide consultations. Suggests that the negative effects of such arrangements could be minimized, if the amount of money received for consultation would be limited (e.g., to a certain percentage of payment by academic institution).

Reviewer: Arnon

Title: The Empirical Slippery Slope from Voluntary to Non-Voluntary Euthanasia

First Author: Penny, L.

Citation: Journal of Law, Medicine and Ethics 2007; 35: 197-210

Summary: Examines the empirical slippery slope argument about the legalization of voluntary euthanasia. According to this argument, there is a valid moral/legal distinction between voluntary euthanasia and non-voluntary euthanasia, but nonetheless, if voluntary euthanasia were to be legalized, we would become worse at abiding by this moral distinction. Reviews the empirical evidence, and argues that available data does not allow us to conclude that legalization of euthanasia in the Netherlands has indeed caused an increase in the incidence of non-voluntary euthanasia.

Reviewer: Arnon

Title: The Best Interests Standards for Incompetent or Incapacitated Persons for all Ages

First Author: Kopelma, L. M

Citation: Journal of Law, Medicine and Ethics 2007; 35: 187-196

Summary: Argues that best-interests standards should be applied in all cases of people lacking decision making capacity, including infants. Therefore, 1984 CAPTA "baby doe" amendments regarding the treatment of extremely ill, premature or terminally ill infants should be rejected, as they are inconsistent with the best interest standard: the rules require maximal treatment of an infant unless he/she is in irreversible comatose, or unless the treatment merely prolongs dying or is futile in terms of survival. Such rules are inconsistent with BIS as they do not allow for individualized decision making; and because they require treatment in some cases in which BIS would recommend ending treatment.

Lancet

Reviewer: Lie

Title: Jeg lag: trends and coping strategies

First Author: Waterhouse et al

Citation: Lancet 2007; 369: 1117-1129

Summary: For the frequent flyers among us

Reviewer: Lie

Title: Mother-to-child transmission of HIV-1 infection during exclusive breastfeeding in the first 6 months of life: an intervention study

First Author: Coovadia et al

Citation: Lancet 2007; 369: 1107-1116

Summary: Important study documenting:
Cumulative 3 month mortality in exclusively breastfed children is 6.1%, and 15.1% in replacement fed infants. Risk of HIV transmission in exclusively breastfed infants during the first 6 months is about 4%. The risk of infection doubles in those who receive mixed feedings without solids, and increases 10fold in those who receive breastmilk and solids.

Conclusion is that although breastfeeding transmits HIV it is preferable to formula feeding because of risk of dying from other causes due to lack of clean water. However, if mother breastfeeds it should be exclusive breastfeeding.

Reviewer: Lie

Title: Review of James Chin. The AIDS pandemic

First Author: Whiteside, Alan

Citation: Lancet 2007; 369: 1073-1074

Summary: Generally favorable review of this book. The book criticises various AIDS groups, including UNAIDS and non-governmental organizations, for overstating the problem of AIDS, in particular in promoting the view that there is going to be a huge increase in AIDS cases in ASIA. The book review author agrees that the actual numbers are much lower than many previous estimates, but criticises the book for overstating the criticism and overgeneralize.

Reviewer: Persad

Title: Interventions to reduce harm associated with adolescent substance use

First Author: Toumbourou, A

Citation: Lancet 2007; 369: 1391-1401

Summary: This paper is part of a series of 6 papers on adolescent health. The authors summarize various interventions that have been used to combat adolescent substance use, focusing on alcohol, tobacco, marijuana, and injectables. They argue against zero-tolerance or abstinence-only programs in favor of harm reduction. Price controls (including high taxes) on substances are among the most effective interventions. Factors that underlie substance (ab)use also should be investigated.

Reviewer: Persad

Title: Japan unveils 5-year plan to boost clinical research

First Author: McCurry, Justin

Citation: Lancet 2007; 369: 1333-1336

Summary: Japan is investing 1.75bn yen to attempt to accelerate drug trial and approval processes to remedy a "drug lag" problem. The choice by domestic firms to do clinical trials overseas is claimed to contribute to this lag in approval, as is the low number of venture pharmaceutical companies (60, vs 1300 in the USA and 700 in the EU) and the paucity of clinical trials (only 43 in 2001). Japan historically has been strong in basic science and weak in clinical research, due in part to problems with the domestic clinical trials system, which is costly and slow. Drugs approved abroad also have been taking an average of 4 years to be approved in Japan (compared to 18 months in the USA/EU), in part because Japanese regulators are distrustful of overseas data and also believe that some drugs may behave differently in Asians than in other ethnic groups. Some of the problems with the trial system include, allegedly, the lack of financial incentives for physicians, the strictness of patient privacy laws, and risk-averse cultural attitudes. Apparently, "finding Japanese trialists is next to impossible." This article should be of interest to those working in clinical research ethics – it will be interesting to see how policies on clinical research change or are relaxed in response to this new development. The question of financial incentives is especially interesting.

Reviewer: Alex Friedman

Title: Do patients understand risk?

First Author: Mahajan, Ashish

Citation: Lancet 2007; 369: 1243-1243

Summary: A short commentary on how patients are ill-suited to properly understand the risks of various treatments based on the information (internet, TV, print media, etc.) with which they are increasingly bombarded.

Reviewer: Alex Friedman

Title: Cuban doctors working abroad defect to the USA

First Author: Ceaser, Michael

Citation: Lancet 2007; 369: 1247-1248

Summary: A discussion of recent changes in U.S. immigration policy that make it easier for Cuban doctors and nurses working in poor areas abroad (e.g. in parts of Venezuela, Colombia, and Bolivia) to defect. Focuses on the accusation that the policy is immoral because the U.S. is "stealing" medical professionals from the areas that need them most.

Reviewer: Shah

Title: PEPFAR and the fight against HIV/AIDS

First Author: editorial

Citation: Lancet 2007; 369: 1141-1232

Summary: Summarizes an IOM report about PEPFAR implementation. The report chronicles the successes of the PEPFAR program but also notes areas for improvement.

Reviewer: Persad

Title: Oslo Ministerial Declaration—global health: a pressing foreign policy issue of our time

First Author: Ministers of Foreign Affairs

Citation: Lancet 2007; 369: 1373-1378

Summary: Several nations' foreign ministers - Brazil, France, Indonesia, Norway, Senegal, South Africa, and Thailand - advance their views on global health. They argue for recognizing ten priority areas for global health and also for seeing global health security – which they define as security against public health threats that are not limited by national borders - as analogous to security in other areas. Apparently, '[i]t is well recognised that health is a fundamental right of every human being.' Argues for considering health in other arenas than national health security and the Millenium Development Goals (which have been the main areas in which health has so far been considered.) Their ten priority areas seem to reflect a particular concern with infectious disease (pandemic flu is mentioned prominently and HIV/AIDS gets a priority area all to itself); they also discuss drug patents. Their claim that nations should "[e]xplore the feasibility of a voluntary monitoring mechanism outside WTO for the use of TRIPS flexibilities to overcome price and access barriers" may be of particular interest to those working on drug patents.

Reviewer: Shah

Title: Animal research: the debate continues

First Author: David Weatherall

Citation: Lancet 2007; 369: 1147-1148

Summary: Summary of a 2006 UK Report on "The use of non-human primates in research" that encourages sounder debate over animal research. In particular, the report concludes that animal research should be justified on a case-by-case basis, asks for greater honesty from the research community about the extent of animal suffering in research and potential alternatives, and suggests approaches to improve the public debate on the issue.

Milbank Quarterly

Reviewer: Persad**Title:** The Technological Imperative and the Battle for the Hearts of America**First Author:** Gillick, M**Citation:** Milbank Quarterly 2007; 50: 276-294**Summary:** [Article is really from Perspectives in Biology and Medicine.]

Very interesting discussion of the development and use of the Left Ventricular Assist Device (LVAD), particularly as a permanent support device in people who are too old or ill to qualify for a heart transplant. (The LVAD is also controversially – given the scarcity of hearts for transplant - used as a “bridge” to transplant for patients who would otherwise die.) The LVAD costs \$200,000+ for the initial hospitalization and implantation. Its development was influenced heavily by politics within the NIH. Eventually, it came to be approved (reluctantly) by Medicare, though only at a reimbursement of \$70,000. QALY analysts have estimated its payoff at \$800K/QALY, which is a very low cost-benefit ratio. The author implies that political reluctance to countenance rationing or cost-consciousness enabled the LVAD to be approved, and ultimately raises questions about whether it was responsible to even start developing this technology.

Reviewer: Persad**Title:** Racialized Genetics and the Study of Complex Diseases: the thrifty genotype revisited**First Author:** Paradies, YC**Citation:** Milbank Quarterly 2007; 50: 203-227**Summary:** [Article is really from Perspectives in Biology and Medicine.]

The authors discuss the hypothesis that type 2 diabetes mellitus may be correlated with a “thrifty genotype” selected for in famine conditions. This hypothesis has impacted various racial groups in different ways. The authors question the correlation between ethnic/racial group identity and genetic traits, and also raise worries about genetic explanations tending to lead to a downplaying or ignorance of sociocultural factors. The article is long and not very clear.

Reviewer: Persad**Title:** The Revolution in Psychiatric Diagnosis: problems at the foundations**First Author:** Galatzer-Levy, IR**Citation:** Milbank Quarterly 2007; 50: 161-180**Summary:** [Article is really from Perspectives in Biology and Medicine.]

Article discusses the history of the DSM-III psychiatric classifications. They criticize in particular the categorical, “bright-line” nature of the DSM that recognizes patients as either having or not having a disease, rather than seeing disease on a continuum. The authors also note DSM’s attempt to identify psychiatry as a science and to place it generally within a medical model. Finally, they explore DSM’s philosophical basis and discuss its foundations in logical positivism.

New England Journal of Medicine

Reviewer: Shah

Title: Making Motherhood Safe in Developing Countries

First Author: Allan Rosenfield, et al.

Citation: New England Journal of Medicine 2007; 356: 1395-1397

Summary: This article attempts to determine the rate of motherhood mortality and morbidity in developing countries, and notes innovative methods to improving these dire outcomes.

Reviewer: Namrata Kotwani

Title: PDUFA reauthorization--drug safety's golden moment of opportunity?

First Author:

Hennessy S, Strom BL.

Hennessy S, Strom BL

Citation: New England Journal of Medicine 2007; 356: 1703-1704

Summary: Despite the alarm expressed in the IOM report about drug safety and post-approval surveillance in the US, the FDA is proposing to devote only \$29.3 million to modernize and transform the drug-safety system. Since the Prescription Drug User Fee Act (PDUFA) is coming up for reauthorization before the Congress, the author urges lawmakers to provide "a robust level of funding for postapproval drug safety so as to make full use of the current, transient "golden moment of opportunity.""

Reviewer: Namrata Kotwani

Title: Drug safety reform at the FDA--pendulum swing or systematic improvement?

First Author: McClellan M.

Citation: New England Journal of Medicine 2007; 356: 1700-1702

Summary: Article discusses and evaluates IOM recommendations for FDA reform.

Reviewer: Namrata Kotwani

Title: Paying for drug approvals--who's using whom?

First Author: Avorn J

Citation: New England Journal of Medicine 2007; 356: 197-1700

Summary: Author urges that the Prescription Drug User Fee Act (PDUFA) is problematic and should not be re-approved by the Congress. The FDA derives a large part of its operating budget from the user fees it gets from pharmaceutical manufacturers. Financial dependence on the pharmaceutical industry may cause doubt on the impartiality and rigor of the FDA's drug approval and adverse-effects surveillance process.

Reviewer: Namrata Kotwani

Title: The FDA and the Case of Ketek

First Author: Ross DB

Citation: New England Journal of Medicine 2007; 356: 1675-1676

Summary: Outlines the data integrity issues with FDA approval of the drug Ketek.

Philosophy and Public Affairs

Reviewer: Persad

Title: Legal Moralism and the Harm Principle: A Rejoinder

First Author: Ripstein, Arthur

Citation: Philosophy and Public Affairs 2007; 35: 195-201

Summary: Ripstein responds to Bird's article in this issue, arguing primarily that Bird's expansion of the harm principle to cover threats to the "sense of security" allows other cases of psychological "harms," or even feelings of offense, to become reasons for prohibiting behaviour. The Millian, Ripstein thinks, should not be satisfied with this move.

Reviewer: Persad

Title: Rationality and the Distant Needy

First Author: Hare, Caspar

Citation: Philosophy and Public Affairs 2007; 35: 161-178

Summary: Interesting piece arguing that commonsense morality's endorsement of a duty to save the near, but not a duty to save the distant, is irrational because it generates ill-ordered (intransitive or partially reflexive) preferences. Hare leads up to his core argument on page 171 with a set of interesting examples in which apparently benign preferences are ill-ordered. However, I thought the core argument (p. 172) was very quick. In particular, Hare claims that, if I do not know whether the stranger I can save is near or distant, and the distant stranger will suffer more if unaided, I should prefer (if I refuse to aid) that the stranger turned out to be near, because he will suffer less from my not aiding. But of course, if I refuse to aid a stranger who turns out to be near, it turns out that I violated an obligation (very bad), while if I refuse to aid a stranger who turns out to be distant, I have failed to engage in supererogation (much less bad). [Compare the case where one does not know who the person is, and in one case it turns out to be one's father, and in the other a stranger. Even if one's father suffers less if not saved, it seems eminently reasonable to prefer that the person not turn out to be one's father.]

Hare tries to respond to this argument, but I did not find his reply very convincing - it ultimately seemed to rest on an appeal to act-consequentialist moral intuitions, or a presupposition that the near/distant distinction (unlike, say, familial relationship) was not morally relevant. The near/distant distinction indeed has problems, but the paper does not present any arguments against its moral relevance. However, the connection Hare draws between the idea of supererogation/obligation and the situation in which one confronts the needy child is interesting. Hare then goes on, having dismissed (he believes) the supererogation/obligation argument, to conclude that the common-sense moralist faces a choice between irrationality and mean-spiritedness in the case he describes. This article may be relevant to those interested in issues related to intransitivity or supererogation.

Reviewer: Persad

Title: Harm versus Sovereignty: A Reply to Ripstein

First Author: Bird, Colin

Citation: Philosophy and Public Affairs 2007; 35: 179-184

Summary: Bird responds to Arthur Ripstein's argument, in a previous issue, that the Millian harm principle does not protect against certain actions - in particular, harmless trespasses - that we consider impermissible. Ripstein argues that the harm principle should be replaced by a broader "sovereignty principle." Ripstein's two examples are medical experiments performed under anesthesia on nonconsenting patients, and unauthorized touching of anesthetized patients (both medical examples). Bird argues that the Millian can respond to Ripstein by making the case that harmless trespasses undermine agents' sense of security and of protected personal space. This article has some interesting connections to pieces we have previously discussed about accommodation, as well as to what some of us learned in First Year Seminar about the legal right (or lack thereof) against harmless interference.

Science

Reviewer: Denny

Title: CLINICAL RESEARCH: Testing a Novel Strategy Against Parkinson's Disease

First Author: Couzin, J

Citation: Science 2007; 315: 1778-1778

Summary: NINDS is starting a large-scale investigation of whether creatine, a nutritional supplement, is a useful substance for combatting Parkinson's disease. Creatine was chosen for the trial by way of "futility trials" in the community; rather than show whether the compounds work, these small studies suggest whether a drug is futile in combating the disease. This is all very new, apparently.

Reviewer: Tannenbaum

Title: "Melting Opposition to Frozen Eggs"

First Author: Mitch Leslie

Citation: Science 2007; 316: 388-389

Summary: "Although some scientists remain cautious about its effectiveness and safety, others argue that cryopreservation is ready for widespread use." Slowly frozen eggs fell short of fresh ones on every measure, including fertilization rate and implantation rate. 3-4% of frozen eggs will yield a baby versus 6-8% of fresh eggs. The American Society for Reproductive Medicine (ASRM) advises against making elective egg freezing commercially available, citing the lack of long-term studies on babies' health but does endorse it for preserving fertility in women with cancer. ASRM notes that freezing an egg effectively ages it 8 or 9 years.

Reviewer: Tannenbaum

Title: "Letters: Oocyte Donation for Stem Cell Research"

First Author: George Daley

Citation: Science 2007; 316: 371-371

Summary: The author claims that contrary to what Darnovsky and Fogel claim the new research guidelines by International Society for Stem Cell Research do prohibit "tissue tourism." In section 11 there must be a reasonable relationship between those from whom such materials are received and the populations most likely to benefit from the research and that there must be monitoring of recruitment practices to ensure that no vulnerable populations are disproportionately encourage to participate as occyte providers for research. Moreover the guidelines claim that rigorous review is necessary to ensure that reimbursement of direct expensive is not any kind of undue inducement.

Reviewer: Tannenbaum

Title: "Letters: Oocyte Donation for Stem Cell Research"

First Author: Knoppers, Revel, Pen, et al.

Citation: Science 2007; 316: 370-271

Summary: The letter writers discusse the pros and cons of the following five approaches to reimbursing women for the donation of oocytes: free market, pure gift, fixed compensation, minimum wage, and reimbursement of expenses. The authors opt for a mixed model salutation in which a standard amount of compensation would be determined by a competent authority, but would also include reimbursement for time and effort expended for procurement. They believe this would cut down on scientists selecting a site on the basis of the particular laws in effect there and thus exploiting vulnerable populations.
